

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

PO Box 9501

Olympia WA 98507-9501

STATE SUPPLEMENTARY/DIRECT PAYMENT CLIENT OVERPAYMENT NOTICE

| Date: Office/MS: DD Client ID #: Client/Payee SSN #: Client/Payee DOB: Service Code: SSPS Authorization Number: Service Name: New Overpayment Supersedes Overpayment Notice Dated: In the overpayment occurred because: Client was not eligible for SSI Client was not eligible for SSI Client was not eligible for SSI Client was not in need of/did not receive the specified service Incorrect amount was authorized Payment authorized to incorrect party Other C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S NAME WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA_OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (366) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary If you disagree with any of the decisions in determining this overpayment, you may request a fair hearing within nir | | | | | | |
|---|--|--------------------------------|---|------------------------|--------------------------------|--|
| DD Client ID #: Client/Payee SSN #: Client/Payee DOB: Service Code: SSPS Authorization Number: Service Name: New Overpayment | | | | Date: | | |
| Client/Payee SSN #: Client/Payee DOB: Service Code: SSPS Authorization Number: Service Name: New Overpayment Supersedes Overpayment Notice Dated: | nt/SSP Payee | | | Office/MS: | | |
| Client/Payee DOB: Service Code: SSPS Authorization Number: Service Name: New Overpayment Supersedes Overpayment Notice Dated: | | | | DD Client ID # | | |
| Service Code: SSPS Authorization Number: Service Name: New Overpayment | | | | Client/Payee S | 3SN #: | |
| SSPS Authorization Number: Service Name: New Overpayment Supersedes Overpayment Notice Dated: A. You were overpaid State Supplementary/Direct Payments in the amount of from to New Overpayment Notice Dated: A. You were overpaid State Supplementary/Direct Payments in the amount of from A. You were overpaid State Supplementary/Direct Payments in the amount of from A. You were overpaid State Supplementary/Direct Payments in the amount of from A. You were overpaid State Supplementary/Direct Payments in the amount of from A. You were overpayment Notice Dated: B. The overpayment occurred because: Client was not eligible for SSI Client was not in need of/did not receive the specified service Incorrect amount was authorized Payment authorized to incorrect party Other C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S TELEPHONE NUMBER WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | Client/Payee DOB: | | | |
| Service Name: New Overpayment Supersedes Overpayment Notice Dated: Supersedes Overpaymen | | | | Service Code: | | |
| Service Name: New Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment Notice Dated: Supersedes Overpayment overpayment overpayment overpayment overpayment overpayment is attached. Supersedes Overpayment overpayment overpayment authorized Supersedes Overpayment overpayment overpayment authorized to incorrect party Other | : : | | | SSPS Authoriz | zation Number: | |
| A. You were overpaid State Supplementary/Direct Payments in the amount of from to | i | | | Service Name: | , , | |
| A. You were overpaid State Supplementary/Direct Payments in the amount of from to | | | □ Ne\ | v Overpayment | | |
| A. You were overpaid State Supplementary/Direct Payments in the amount of | | | | | ent Notice Dated: | |
| B. The overpayment occurred because: Client was not eligible for SSI Client was not in need of/did not receive the specified service Incorrect amount was authorized Payment authorized to incorrect party Other C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S TELEPHONE NUMBER | Client Name | | _ ` | | | |
| B. The overpayment occurred because: Client was not eligible for SSI Client was not in need of/did not receive the specified service Incorrect amount was authorized Payment authorized to incorrect party Other C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S TELEPHONE NUMBER | A. You were overpaid Sta | te Supplementary/Direct P | avments in the | e amount of | from | |
| B. The overpayment occurred because: Client was not eligible for SSI Client was not in need of/did not receive the specified service Payment authorized to incorrect party Other C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S TELEPHONE NUMBER | • | | • | | | |
| □ Client was not eligible for SSI □ Client was not in need of/did not receive the specified service □ Incorrect amount was authorized □ Payment authorized to incorrect party □ Other □ C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | , , | oompatation onco | io attaonoui | |
| ☐ Client was not in need of/did not receive the specified service ☐ Incorrect amount was authorized ☐ Payment authorized to incorrect party ☐ Other ☐ C. If you have questions regarding the amount or reason for this overpayment, please contact the ☐ Division of Developmental Disabilities (DDD) at the number below: ☐ WORKER'S NAME ☐ WORKER'S TELEPHONE NUMBER ☐ Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: ☐ Financial Services Administration, Office of Financial Recovery PO Box 9501 ☐ Olympia, WA 98507-9501 ☐ (360) 664-5700 ☐ 1-800-562-6114 (Toll Free) ☐ 1-800-633-6388 (TTY Washington State Relay Service) ☐ Payment is not made: ☐ We may file a lien against your personal and real property. ☐ DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary. ☐ Client was not in need of file in a subject to incorrect party. ☐ Client was not in need on the subject to incorrect party. ☐ Other ☐ Payment is not in need of file in a subject to incorrect party. ☐ C. If you have questions regarding the amount or reason for this overpayment, please contact the provide payment, please contact the provide pay | B. The overpayment occu | rred because: | | | | |
| □ Incorrect amount was authorized □ Payment authorized to incorrect party □ Other □ C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME □ WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: □ Financial Services Administration, Office of Financial Recovery PO Box 9501 □ Olympia, WA 98507-9501 □ (360) 664-5700 □ 1-800-562-6114 (Toll Free) □ 1-800-622-2334 (Language Interpreter) □ 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: □ We may file a lien against your personal and real property. □ DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | | | |
| □ Payment authorized to incorrect party □ Other □ C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: ■ WORKER'S NAME ■ WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: ■ Financial Services Administration, Office of Financial Recovery PO Box 9501 | | • | ecified service |) | | |
| C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME | | | | | | |
| C. If you have questions regarding the amount or reason for this overpayment, please contact the Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME WORKER'S TELEPHONE NUMBER Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | - | | | | | |
| Division of Developmental Disabilities (DDD) at the number below: WORKER'S NAME Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | ☐ Other | | | | | |
| WORKER'S NAME Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | C. If you have questions r | egarding the amount or re- | ason for this o | verpayment, please | contact the | |
| WORKER'S NAME Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | Division of Developmer | ntal Disabilities (DDD) at th | e number belo | w: | | |
| Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | | | |
| Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | WORKER'S NAME | | | WORKER'S TELEPHO | ONE NUMBER | |
| arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: We may file a lien against your personal and real property. DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | | | |
| Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | ile to FSA, OF | ·R to the address b | elow or make payment | |
| PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | arrangements within ten (1 | o) days with the. | | | | |
| Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | Financial Service | Financial Services Administration, Office of Financial Recovery | | | |
| (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | | | |
| 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | 507-9501 | | | |
| 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: • We may file a lien against your personal and real property. • DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | , , | | | | |
| 1-800-833-6388 (TTY Washington State Relay Service) If payment is not made: We may file a lien against your personal and real property. DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | | | |
| If payment is not made: We may file a lien against your personal and real property. DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | | | |) | |
| We may file a lien against your personal and real property. DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | | 1-800-833-6388 | (TTY wasningt | on State Relay Service | se) | |
| DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary | If payment is not made: | | | | | |
| | We may file a lien a | gainst your personal and r | eal property. | | | |
| If you disagree with any of the decisions in determining this overnayment, you may request a fair hearing within his | DSHS can collect by | y foreclosure, distraint, sei: | zure, and sale | or garnishment of | up to 25% of your net salary | |
| | If you disagree with any of | the decisions in determini | na this overna | vment vou may roo | nuest a fair hearing within ni | |

WORKER'S SIGNATURE

98504-2489.

DSHS 18-627 (Rev. 10/2003) - TRANSLATED

(90) days of the receipt of this letter by writing the Office of Administrative Hearings PO Box 42489 Olympia WA